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INTELLECTUAL PROPERTY LAW

То:	U.S. Patent & Trademo	rk Office From:	Ronald E. Smith		
Attn:	ttn: Mark Spisich, Art Unit: 1744		1051.10		
Fax:	571-273-8300	Pages:	7 including coversh	eet	
Phone:	571-272-12 7 8	Date;	January 3, 2007		
Re:	USSN: 10/708,266		Mark E. Kirby		
□ Urge	nt 🗹 For Review	☐ Please Comment	□ Please Reply	Please Recycle	

Dear Examiner Spisich:

In response to the final office action mailed November 2, 2006, we enclose the following:

- Amendment Transmittal with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated January 3, 2007 (2 pages); and
- 2) Amendment AF with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated January 3, 2007 (4 pages).

Very respectfully,

Ronald E. Smith USPTO Reg. No. 28,761

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

: 10/708,266.

Confirmation No. 2265

Applicant:

: Mark E. Kirby

Filed:

: 02/20/2004

TC/A.U.

: 1744

Examiner

: Mark Spisich

.....

Docket No.
Customer No.

: 1051.10 : 21901

For

: Grout Cleaning Sponge

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Transmitted to Central Fax at (571) 273-8300 Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of time is required.

CERTIFICATE OF FACSIMILE TRANSMISSION

(37 C.F.R. 1.8 (a))

I HEREBY CERTIFY that this Amendment AF, including Amendments to the Claims and Remarks, are being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 1744, Attn: Mark Spisich, (571) 273-8300, on January 3, 2007.

Dated: January 3, 2007

(Amendment Transmittal—page 1)

JAN 03 2007

FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 4.

(Col.1) Claims Remaining After Amendment		(Col. 2)	(Col. 3) SMALL ENTITY				
		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	·	
Total	1	Minus	20	= 0	x \$25 =	\$0	
Indep.	1	Minus	3	= 0	x \$100 =	\$0	
First Presentation of Multiple Dependent Claim				1	+ \$180 =	\$0	
	·				Total Addit, Fee	\$0	

No additional fee for claims is required.

Very respectfully,

SIGNATURE OF PRACTITIONER

USPTO Reg. No: 28,761 Tel. No.: (813) 925-8505

Ronald E. Smith Smith & Hopen, P.A. 180 Pine Avenue North Oldsmar, Florida 34677

(Amendment Transmittal—page 2)

If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.